State of Rhode Island and Providence Plantations Department of Administration Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.rl.gov to submit a bid proposal.

Solicitation Number:

7549369A1

Solicitation Title:

MCCOY STADIUM CONCRETE DECK COATING REPAIRS - ADDENDUM 1 (8 PGS)

Bid Proposal Submission

Deadline Date & Time:

3/19/2015

1:30 PM

RIVIP Vendor ID #:

33868

Bidder Name:

Contracting Specialists

Address:

453 South Main Street

Attleboro, MA 02703

USA

Telephone:

(508) 222-2377

Fax:

(508) 222-2590

Contact Name:

Sophie Arenburg

Contact Title:

Office Administrator

Contact Email:

sophie@contractingspecialists.com

SECTION 2 — DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

- 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

- N State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
 - 5. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

DON T KEARNEY PRESIDENT	CSI	453 SOUTH MAIN ST ATTLEBORO MA 02703 1	/3 OWNERSHIP
MARK A JOHNSON TREASURER	CSI	453 SOUTH MAIN STREET ATTLEBORO MA 02703	1/3 OWNERSHIP
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WALLACE L FRIGON SR CLERK	_USI_	453 SOUTH MAIN STREET ATTLEBORO MA 02703	1/3 OWNERSHIP

SECTION 3 — CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
 The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall
- lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.

 Y
 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required
- insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.

 Y
 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- 6. This bid proposal is not a collusive bld proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):	

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State of Rhode Island through the Division of P colicitation and the bid proposal. The Bidder certing agrees to comply with its terms and conditions; (2 information submitted in the bid proposal (include complete. The Bidder acknowledges that the terms be incorporated into any contract awarded to the B derson signing below represents, under penalty of	nt to this solicitation constitutes an offer to contract with the Purchases on the terms and conditions contained in this ifies that: (1) the Bidder has reviewed this solicitation and the bid proposal is based on this solicitation; and (3) the ling this Bidder Certification Cover Form) is accurate and and conditions of this solicitation and the bid proposal will idder pursuant to this solicitation and the bid proposal. The of perjury, that he or she is fully informed regarding the las been duly authorized to execute and submit this bid
	BIDDER
Date: March 18, 2015	Contracting Specialists Inc
	Name of Bidder
	Signature in ink Don T Kearney President
	Printed name and title of person signing on behalf of Bidder

Solicitation #:754 Solicitation Title:		DECK COATING REPAIRS
BID FORM		
То:	The State of Rhode Isl Division of Purchases, One Capitol Hill, Provide	
Bidder:	Contact name Cor 508 222 2377 5	guyen@contractingspecialists.com tact email 08 222 2590 tact fax
materials) describe Allowances, Bonds, \$_8	s this bid proposal to pd d in the solicitation for the din and Addenda): 5,000.00	perform all of the work (including labor and nis Base Bid Price (including the costs for all
Eighty-Five	Thousand Dollars	nically, typed, or handwritten legibly in ink)
• <u>Allowances</u>		
The Base Bio	d Price <u>Includes</u> the cos	ets for the following Allowances:
No. 1: Spall	ed concrete repairs	\$ <u>2,000.00</u>
No. 2:		\$
No. 3:		\$
Total Allowar	nces:	\$ <u>2,000.00</u>

Solicitation #:7549369 Solicitation Title: MCCOY STADIUM DECK COATING REPAIRS Bonds The Base Bid Price includes the costs for all Bid and Payment and Performance Bonds required by the solicitation. <u>Addenda</u> The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price includes the costs of any modifications required by the Addenda. All Addenda must be acknowledged. Addendum No. 1 dated: 3/13/15 Addendum No. 2 dated: Addendum No. 3 dated: ______ Addendum No. 4 dated: Addendum No. 5 dated: _____ Addendum No. 6 dated: 2. **ALTERNATES** (Additions/Subtractions to Base Bid Price) The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase or reduce the Base Bid Price by the amount set forth below for each Alternate selected. Check "Add" or "Subtract." n/a Add n/a Subtract Alternate No. 1: n/a

(amount in figures printed electronically, typed, or handwritten legibly in ink)

Solicitation #:7549369 Solicitation Title: MCCOY STADIUM DECK COATING REPAIRS n/a (amount in words printed electronically, typed, or handwritten legibly in lnk) m/a Add n/a Subtract Alternate No. 2: n/a **\$** n/a (amount in figures printed electronically, typed, or handwritten legibly in ink) (amount in words printed electronically, typed, or handwritten legibly in ink) n/a Add ___ Subtract Alternate No. 3; _____ (alternate amount in figures printed electronically, typed, or handwritten legibly in ink) (alternate amount in words printed electronically, typed, or handwritten legibly in ink) 3. **UNIT PRICES** The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include all costs, including labor, materials, services, regulatory compliance, overhead, and profit. Unit Price No. 1: Deck Coating Repair per SF \$ 95.00 Add & A Unit Price No. 2: _____n/a n/a Unit Price No. 3: 4. **CONTRACT TIME** The Bidder offers to perform the work in accordance with the timeline specified below: Start of construction: Anticipated April 6, 2015

Substantial completion:

May 15, 2015

Solicitation #:7549369 Solicitation Title: MCCOY STADIUM DECK COATING REPAIRS Final completion: May 30, 2015 5. LIQUIDATED DAMAGES The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for each calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$______. This bid proposal is irrevocable for 60 days from the bid proposal submission deadline. If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

	BIDDEK
Date: March 18, 2015	Contracting Specialists Inc
	Name of Bidder
	Signature in Ink
	<u>Don T Kearney</u> Printed name and title of person signing on behalf of Bidder
	# 33868
	Bidder's Contractor Registration Number

(Rev. August 2013) Department of the Treasury Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

MONO TRANS					
		ame (as shown on your income tax return)			
		ONTRACTING SPECIALISTS INC usiness name/disregarded entity name, if different from above			
	bage 2				
1	ed C	heck appropriate box for federal tax classification:		Exemptions (see instructions):	
a (S [Individual/sole proprietor 🗸 C Corporation 🗌 S Corporation 🔲 Partnership	Trust/estate		
type	ָבַּן <u>.</u>	Transfer to the second of the		Exempt payee code (if any)	
Print or type		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner	rship) ▶	Exemption from FATCA reporting	
rin	ברים ביו ברים ביו	Other (see instructions) ▶		code (if any)	
Print or type	A A	ddress (number, street, and apt. or suite no.)	Requester's name	and address (optional)	
Š	45	3 SOUTH MAIN STREET	·		
000	Ci	ty, state, and ZIP code			
Ü	A	TLEBORO MA 02703			
	Lis	st account number(s) here (optional)			
D	arit II	Taxpayer Identification Number (TIN)			
Ente	er you	ir TIN in the appropriate box. The TIN provided must match the name given on the "Name"	' line Social se	ecurity number	
to av	void t	packup withholding. For individuals, this is your social security number (SSN), However, fo	ra 🗔 🗔		
entit	ties, it	alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	t a		
TIN	on pa	age 3.			
Note	e. If ti ber to	ne account is in more than one name, see the chart on page 4 for guidelines on whose o enter.	Employe	r identification number	
			0 4	- 3 3 2 1 6 4 9	
Pa	iát III	Certification			
Und	er pe	nalties of perjury, I certify that:			
1. T	he nu	ımber shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be is	ssued to me), and	
S	ervice	ot subject to backup withholding because: (a) I am exempt from backup withholding, or (b) e (IRS) that I am subject to backup withholding as a result of a failure to report all interest of ger subject to backup withholding, and) I have not been or dividends, or (c	notified by the Internal Revenue c) the IRS has notified me that I am	
3. la	am a	U.S. citizen or other U.S. person (defined below), and			
		TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting			
beca intere gene nstru	iuse y est pa rally, uction	ion instructions. You must cross out item 2 above if you have been notified by the IRS the you have failed to report all interest and dividends on your tax return. For real estate transation, acquisition or abandonment of secured property, cancellation of debt, contributions to payments other than interest and dividends, you are not required to sign the certification, as on page 3.	ctions, item 2 do	es not apply. For mortgage	
Sigr Her	n e	Signature of U.S. person ► Date Order	e 3/18/2	2015	
Gei	ner	al Instructions withholding tax on foreign	ın partners' share o	f effectively connected income, and	

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- . An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received. the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

North American Specialty Insurance Company Manchester, New Hampshire 03101

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That We, <u>Contrac</u>	ting Specialist, Inc.			
of <u>Attleboro, MA</u> as Principal and Manchester, New Hampshire, as Surety, a New Hampshire co <u>Rhode Island</u> State of Rhode Island	North American Sports or poration duly licer	ecialty Insurance on sed to do busines are held and firm	ss in the St	ate of into
in the penal sum of Five Percent Of Amount Bid		_Dollars (\$	5%),
for the payment of which the Principal and the Surety bind the successors and assigns, jointly and severally, firmly by these		s, executors, admi	nistrators,	
THE CONDITION OF THIS OBLIGATION IS SUCH, T	hat, whereas the P	rincipal has subm	itted, or is a	about
to submit, a proposal or a bid to the Obligee on a contract for	McCoy Stadium Co	ncrete Deck Coat	ing Repairs	3,
Pawtucket RI				***************************************
NOW, THEREFORE, if the aforesaid principal shall be the period specified therefore, or, if no period be specified, with nto a contract and give bond for the faithful performance of the otherwise the principal and the surety will pay unto the obligeoid of said principal and the amount for which the obligee mover work if the latter amount be in excess of the former; in no even ereof.	hin ten (10) days a ne contract, then thi e the difference in r ay legally contract	fter the notice of s s obligation shall l money between th with another part	uch award be null and ne amount o y to perforr	enter void, of the m the
PROVIDED AND SUBJECT OF THE CONDITION PR equity brought or to brought against the Surety to recover any upon the Surety within ninety (90) days after the acceptance of	claim hereunder m	ust be instituted a	nd service	
SIGNED, SEALED AND DATI	ED this <u>19th</u> da	y of <u>March</u>	20 <u>15</u>	***************************************
	Contracting Spec	ialist, Inc _A		
	Ву:	W	Princip	al
	North American Sp	pecialty Insurance	Company	
(Ву:)	ng, Attorney-in-	Fact

NAS SURETY GROUP

NORTH AMERICAN SPECIALTY INSURANCE COMPANY WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Manchester, New Hampshire and having its principal office in the City of New Hampshire and having its pri
Schaumburg, Illinois, each does hereby make, constitute and appoint: JOSEPH J LANE,
and GAIL M. PALING
JOINTLY OR SEVERALLY
Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted b law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of: FIFTY MILLION (\$50,000,000.00) DOLLARS
This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9 th of May, 2012:
"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney name in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is
FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to an certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."
By SEAL Steven P. Anderson, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company By David M. Layman, Vice President of Washington International Insurance Company
& Vice President of North American Specialty Insurance Company IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 26th day of March, 2014
North American Specialty Insurance Company Washington International Insurance Company
State of Illinois County of Cook ss:
On this 26th day of March, 2014, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and David M. Layman, Vice President of Washington International Insurance Company and Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.
"OFFICIAL SEAL" DONNA D. SKLENS Notary Public, State of Illinois My Commission Expires 10/06/2015 Donna D. Sklens, Notary Public
I, <u>Jeffrey Goldberg</u> , the duly elected <u>Assistant Secretary</u> of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.
IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this Handay of March , 2015.

Jeffrey Goldberg, Vice President & Assistant Secretary of Washington International Insurance Company & North American Specialty Insurance Company